

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Ref: 3380-2

In re application of
Khader S. Abdel-Hafez et al
Application No. 10/762,571
Filed: January 23, 2004

Examiner R. Stephen Dildine, Jr.
Art Unit 2133

For: Method and Apparatus for Debug, Diagnosis, and Yield Improvement for Scan-Based Integrated Circuits

Box FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ This is a small entity application.
- ☒ Petition is hereby made to the Commissioner of Patents and Trademarks to extend the period for filing this response for one month, so as to expire March 18, 2006.
- ☐ No additional fee is necessary.

The fee has been calculated as shown below:

| | (Col. 1) | | (Col. 2) | | (Col. 3) | SMALL ENTITY | | | OTHER THAN | |
|---|-------------------------------------|-------|---------------------------------------|---|------------------|--------------|--------------|-----------|------------|-----------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | | PRESENT EXTRA | RATE | ADDL. FEE | <u>OR</u> | RATE | ADDL. FEE |
| TOTAL | *34 | MINUS | **89 | = | 0 | x\$ 25 | \$.00 | | x\$ 25 | \$ |
| INDEP. | *11 | MINUS | ***9 | = | 2 | x\$100 | \$200. | | x\$200 | \$ |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | | \$180 | \$ | | \$360 | \$ |
| TOTAL ADDITIONAL FEE | | | | | | | \$200. | <u>OR</u> | | \$ |

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ Please charge my Deposit Account No. 26-0090 in the amount of \$ 260.00 (\$200.00/additional claims and \$60.00/extension of time). The Commissioner is hereby authorized to charge any additional fees which may be required or credit any overpayment to Deposit Account No. 26-0090.
- ☐ A check in the amount of \$ _____ is attached. If no check is enclosed and a fee is due in connection with this communication or if the check enclosed is insufficient, the Commissioner is authorized to charge any fee or additional fee due in connection with this communication to Deposit Account No. 26-0090.

Respectfully submitted,
03/07/2006 SZEWDIE1 00000170 260090 10762571
01 FC:2251 60.00 DA
Jim Zegeer
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Date: March 6, 2006